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OPENING REMARKS – REP. BUYER
MILITARY PERSONNEL SUBCOMMITTEE HEARING
REMOVING THE BARRIERS TO TRICARE

This is the third TRICARE hearing in two months conducted by the Subcommittee on Military Personnel. These hearings are the most visible, public part of a broadly focused, deliberate, and systems analytical approach that we have undertaken to understand the issues and to find ways to remove the barriers to TRICARE for our active and retired military personnel and their families.

During the first two hearings at Grissom Air Reserve Base, Indiana, and Fort Bragg, North Carolina, we received testimony from the people intimately involved in the system as users, providers, troop leaders and regional TRICARE managers. Their testimony provides the backdrop for today's hearing.

Today we will hear first from the senior leadership of the Defense Health Program. Our second panel represents the beneficiary advocacy groups. From the third panel we will hear the views of the TRICARE managed care support contractors. Our last panel is the Government Accounting Office.

As you all know, reforming the Defense Health Program has become the center of an especially intense interest. This interest builds on the leading efforts that this subcommittee has made for several years to remove the barriers to TRICARE, and to reform and expand the military health care benefit.

More recently, the senior leadership of the Department of Defense, and especially the Chairman of the Joint Chiefs of Staff, General Shelton, committed themselves to making significant improvements in the Department of Defense TRICARE program. I commend the Chairman and Secretary Cohen for their leadership in this area. Unfortunately, the President's budget proposal does little to meet the full range of expectations created by the Chairman's call for support.

Today, we will try to shed some light on where the opportunities for improvement exist and how the managed care support contractors and DOD health officials can work together to significantly reduce the administrative requirements of TRICARE. We will also be looking for ways to find savings, in

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order to put more of the money being spent for administration back into improving access, provider satisfaction and ultimately, increased benefits for those now struggling for limited space available care.

Based on a range of evidence, the quality of care in military treatment facilities and among the TRICARE civilian providers is generally considered to be quite good. However, obtaining access to that care can be very challenging. The vast majority of the TRICARE complaints my colleagues and I receive are from people who have a hard time getting an appointment with a medical professional in a reasonable period of time.

Another cause for concern is the shrinking amount of "space available" care open to our most senior retiree families. Since 1985, the "right sizing" of the military health care system has cut the number of DOD hospitals from 168 to 81, a 51 per cent reduction. As a result of this fact alone, military retirees and their family members have less access to the "space-available" care that many expected to depend upon for their health care. Adding to the squeeze on "space-available care is the fact that since 1985 the number of Medicare eligible retirees seeking care at these facilities more than doubled, growing from 700,000 to 1.5 million.

The Department of Defense's efforts to relieve this pressure included implementing TRICARE. In some parts of the country this managed care model has had success. Unfortunately, as we found in our field hearings, that same measure of success is not uniform throughout the country and especially in the more rural areas where managed care in general has enjoyed only limited acceptance.

We hope to glean from the testimony of our witnesses today workable and affordable ideas for not only improving the TRICARE system, but also for increasing access to health care services for our retirees.

Before I offer my colleagues an opportunity for remarks, I want all here today to understand that this subcommittee will again deliver on its long-standing commitment to improve the military health care benefit. Some recent statements have suggested that only one party has the right answer for military health care reform. I think such statements are regrettable and make what heretofore has been an apolitical joint endeavor a needlessly partisan effort.

As in the past, the subcommittee that has worked steadily for years to reform military health care will again provide a bi-partisan, non-political solution that builds on the initiatives we have already begun, and gets at the heart of the current problems that challenge the system.

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